STATE OF INGI. LAKE COUNT FILED FOR RECORD

2014 050796

2014 AUG 25 AM 9: 02

MICHAEL B. BROWN RECORDER

Case # 920141729

SURVIVORSHIP AFFIDAVIT

Comes now Margaret A Mathis, who being duly sworn upon her oath, deposes and says:

That, Margaret A Mathis is the surviving spouse of Thomas J Mathis aka Thomas J Mathis Sr, deceased who died domiciled in Lake County, Indiana, on March 24, 2014.

That Margaret A Mathis and Thomas J Mathis aka Thomas J Mathis Sr acquired title to certain real estate as husband and wife, said real estate being described as follows:

Lot 35 in Indian Ridge Addition Unit 3, Block 4, in the City of Crown Point, as per plat thereof, recorded in Plat Book 67 page 10, and amended by a plat of correction recorded in Plat Book 68 page 56, in the Office of the Recorder of Lake County, Indiana.

Property Address: 1522 W 100th Avenue, Crown Point IN 46307

Parcel No. 45-12-33-379-010.000-029

ocument is

Affiant states that Margaret A Mathis and Thomas J Mathis aka Thomas J Mathis Sr continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Thomas J Mathis aka Thomas J Mathis Sr's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to remove Thomas J Mathis aka Thomas J Mathis Sr from the chain of title.

Executed: August 18, 2014

STATE OF

INDIANA

COUNTY OF LAKE

AUG 2 2 2014

PEGGY HOLINGA KATONA

Subscribed and sworn to before me, a Notary Public, in and for said County and State AKEI COUNTY AUDITOR August, 2014.

Witness my hand and Notarial Seal on this 18th day of August, 2014.



Notary Public Janet L. O'Hara Resident of Porter County

My Commission expires: 12/1/2019

Prepared by: Timothy R Kuiper

Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Janet L O'Hara

Return to: 285 Country Lane, Ringgold GA 30736

014567

920141729

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 13797 CERTIFICATE OF DEATH

| Local No | . 000 | 050 | | FDR | No 000 | いいいって | ทอ/ ด | | State | : INO | <u>01351</u> | I U | |
|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| Decedent's Legal Name (First, Mic | iddle, Last) | <u> </u> | | | 1a. Maiden Na | me (If female) | | 2. Sex | 3. | Time Of | Death | 4. Date Of | Death (Month/Day/Year |
| HOMAS J MATHIS SR | , | | | | | | | MA | LE | 05:30 | MAC | | 03/24/2014 |
| Social Security Number 8a. Ag | e - Yrs | 6b. Under 1 | Year Sc. Unde | r 1 Month | 6d. Under 1 Day | 6a. Under 1 | Hour 7. Date | of Birth (Mo | nth/Day/Year) | 8. B/r | rthplace (City a | and State o | r Foreign Country) |
| ١. | 71 | Months | Days | | Hours | Minutes | <u> </u> | 09/28/1 | | | RY, IN | | |
| Ever in U.S. Armed Forces? | | Occurred In | A Hospital: | | | 10s. If Dea | th Occurred Som | iewhere Other Decedent's Ho | | rsing Ho | me/Long-term | Care Facil | ty |
| Yes 🖾 No 🗀 Unknown | Inpatient | t 📙 Emerge | ancy Department (| Dutpatient | Dead on Arriv | | - | | | | | | |
| Facility Name (if Not Institution, | Giva Street | and Number | | 115 | | | | | | | | | |
| THODIST HOSPITA City Or Town, State, And Zip Co | L SOUT | HLAKE I | MEKKILLVI | LLL | | 13, (| County Of Death | | | | 4. Marital Statu | | Of Death ut Separated Divorc |
| | | _ | | | | LAK | (F | | | | ∑ Marrieo [_] ∑ Widowed | Neve | r Married Unknown |
| RRILLVILLE, IN, 464 Surviving Spouse's Name | 410-7098 | 3 | | 15a. | . (If Wife)Give Main | | | | lent's Usual O | | n | 17. Kind (| Of Business/Industry |
| | _ | | | B4A | ASSEY | | | ARCHI | ECTURA | \L | | RAILRO | DAD |
| ARGARET A MATHIS Residence - State | <u> </u> | | 18a. County | IIVIA | IOOL I | 18b. Cit | y Or Town | 1 -110/11 | | | | | |
| | | | LAKE | | | CROV | VN POINT | | | | | | |
| DIANA :. Street And Number | | | LANL | | | | . <u> </u> | | 18d. Apt. N | io. | 18e. Zip C | Code | 18f. Inside City Limits |
| 22 WEST 100TH AV | ENUE | | | | | | | | | | 463 | 307 | Yes No |
| Decedent's Education | | | 20. Deceden | t Of Hispar | nic Origin | | 21. Decedan | 's Race | | | | _ | |
| GH SCHOOL GRAD | UATE O | R GED | NOT HIS | PANIC | ; | | White | | | | | ا مالين عادانا | iden Last Name |
| OMPLETED Father's Name (First, Middle, Le | ast) | | 11011110 | . , ,, 110 | | 23. Mother | s Name (First, M | ddle, Last) | | | 23a. M | omers Ma | raeu rast Maine |
| AND AND MESSATION | | | | | | HELEN | M MATHIS | 3 | <u> </u> | | | FORD | |
| ARLAND W MATHIS Informant's Name | | | 24a, Re | ationship 1 | To Decedent | 24b, Mailln | g Address (Stree | t And Number | | | | | |
| ARGARET A MATHIS | s | | WIFE | | | 1522 W | EST 100TI | 4 AVENL | E, CROV | VN P | DINT, IN 4 | 46307 | |
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